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CONFIRMATION NO. 5616

SERIAL NUMBER 10/777,736	FILING OR 371(c) DATE 02/12/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO.
APPLICANTS Corey A. Burchman, York, PA;				
** CONTINUING DATA ***** NONE BHH				
** FOREIGN APPLICATIONS ***** NONE BHH				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/08/2004				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Burji BH</u> Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 2	TOTAL CLAIMS 16
				INDEPENDENT CLAIMS 2
ADDRESS Corey Burchman One Storrs Road Hanover, NH03755				
TITLE Ice pain management device and method				
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	